Effective October 1, 2001

Application or Docket Number

10/030101

E 3	-	67										<u> </u>		
Barbara ((203)	CLAIMS AS FILED - PART I (Column 1) (Column 2)								NTITY	OR	OTHER SMALL		
	TC	TAL CLAIMS	8					TYPE		FEE	1	RATE	FEE	
	FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	445	OR	BASIC FEE		
	то	TAL CHARGEA	BLE CLAIMS	/ minus 20=		*		X\$	9=		OR	X\$18=		
		EPENDENT CL	·	<u>a-</u>	nus 3 =	*.		. X4	2=	-	OR	X84=		
	MULTIPLE DEPENDENT CLAIM PRESENT							+14	0=	1110	OR	+280=		
	* If the difference in column 1 is less than zero, ente						column 2	TOI		170		TOTAL		
	CLAIMS AS AMENDED - PART II								OTHER THAN					
National Stage Processing	·	<u>U</u> .	(Column 1) CLAIMS		(Colur		(Column 3)	SMA	\LL		OR	SMALL		
	AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		Total	* 47-18	Minus	** 2	0	=	X\$	9=		OR	X\$18=		
	AM	Independent FIRST PRESE	* XXX	Minus	*** C	CLAIM		X42	2=		OR	X84=		
	<u></u>			CIT EL DEF	LINDLINI	·		+14	0=.		OR	+280=	·	
	Ž			-				TC ADDIT.	TAL FEE		OR ,	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)										, ,			
Na	AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	ON	Total	*	Minus	**	-	=	X\$:	9=		OR	X\$18=		
	AME	Independent	* NTATION OF ML	Minus	***	CLAINA	=	X42	?=		OR	X84=		
	L	THOTTHESE	INTATION OF MIC	CIPLE DEP	ENDENT	CLAIM		+140	5 <u>‡</u>		OR	+280=		
								TO ADDIT.	TAL		OR ,	TOTAL ADDIT. FEE		
LLUGGIC CHILL STANDONG			(Column 1) CLAIMS	(Column 2) (Column 3)			•	.i			· -			
	AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S ASSES	NDV	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
HEAL AGE	AME	Independent	*	Minus	***	F (0) 4/14	<u> - · </u>	X42	?=		OR	X84=	•	
145		LI INST PRESE	NTATION OF MU	JETIPLE DEF	ENUEN	CLAIM		+140)=		OR	+280=		
	*	If the entry in colu	mn 1 is less than th	ne entry in colu	mn 2, write	9 "0" in co	lumn 3.	, TC	TAL		. !	TOTAL		
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													